

Accepting/Rejecting Infant Formula in the Child and Adult Care Food Program (CACFP)

Section 1: To be completed by the center or day care provider

Name of center/provider: _____

Infant formula served by center/provider: _____
*Name of approved iron-fortified infant formula **

* **Note:** Infant formula offered by the center/provider must be **iron-fortified** and comply with the USDA infant formula regulations in [USDA Memo CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers](#).

Section 2: To be completed by the parent/guardian

Name of infant: _____ Birth date: _____

Name of parent/guardian: _____

Check all that apply:

☐ I would like my child to receive the above named iron-fortified infant formula supplied by the center/provider.

☐ I will provide my own infant formula: _____
*Name of approved iron-fortified infant formula ***

** **Note:** Infant formula provided by the parent/guardian must be **iron-fortified** and comply with the USDA infant formula regulations indicated in [USDA Memo CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers](#). Infant formulas that do not meet these requirements cannot be substituted unless an infant has a disability that restricts his/her diet, and the parent/guardian provides a medical statement signed by a recognized medical authority. Recognized medical authorities include physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs). Medical statements are available on the Connecticut State Department of Education's (CSDE) [Special Diets in CACFP Child Care Programs](#) webpage.

☐ I will provide expressed breast milk for my child.

☐ I will breastfeed my child on site in the day care center or family day care home.

Parent/guardian signature: _____ Date: _____

Accepting/Rejecting Infant Formula in the CACFP



For more information, visit the CSDE's [Feeding Infants in CACFP Child Care Programs](#) webpage or contact the [CACFP staff](#) in the CSDE, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This form is available at https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Infants/Accepting_Rejecting_Infant_Formula_CACFP.pdf.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of age, ancestry, color, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes.

Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, levy.gillespie@ct.gov.